

**Northern Virginia ID Forum 4
Healthcare Meeting Minutes**

September 24, 2012

Welcome: The meeting was called to order at 1:02 p.m. by Cindy Koshatka

Introductions: Cindy took roll of the participants for this telephone conference and asked individuals to identify themselves before speaking.

Attendees:

Joanna Barnes, *Arlington CSB*

Silva Bey, *CLA*

Ann Bolster, *Guardian*

Phillip Caldwell, *Alexandria CSB*

Carolyn Cole, *CRI*

Mark Diorio, *NVTC*

Mike Gilmore, *Alexandria CSB*

Margaret Graham, *Loudoun CSB*

Jan Gurtner, *Alexandria CSB*

Kristian Hollins, *CRI*

Barbara Jones, *Arlington CSB*

Judith Korf, *NVTC Guardian/Board*

Jennifer Kurtz, *RSCS*

Cindy Koshatka, *NVRPO*

Natasha Lantz, *Hartwood*

Karen Lawrence, *DBHDS*

Donna McHugh, *NVTC Guardian/Board*

Joan Rodgers, *Fairfax-Falls Church CSB*

Kelly Rinehimer, *DBHDS*

Susan Rudolph, *The Arc of Greater PW*

Anne Sale, *NVTC Parent*

Ed Senft, *NVTC Parent*

Jackie Turner, *Prince William CSB*

Betty Vines, *DBHDS*

Paul Wexler, *ServiceSource*

Purpose of the meeting: Cindy said that the purpose of the Forums was to help in planning the implementation of the DOJ Settlement agreement. This last of four conference calls will focus on healthcare and the Regional Community Support Center (RCSC) as related to DOJ. Consumers both from the training centers and community will be considered in our planning.

Summary/Update from Forum Leads: Susan Rudolph, Greater PW ARC, outlined some of the relevant issues for providers:

- We are all working to provide good solid health and wellness. People with disabilities can live great and wonderful lives.
- Life expectancy has increased since the 70's; we are working to develop ways to serve people from birth to death.
- There are providers out there with nurses in place either imbedded in the staffing pattern or short term to support recovery from medical event. We have LPN's, RN's and CNA's.
- Local and statewide nursing groups are convening to look at staff development curricula
- Continuum of care is very fluid – most people are accessing regular Primary care (PCP) support in the community. Specialists(neuro, gastroenterologist, pulmonary etc.) are also available.
- PT, OT or ST need to access at least yearly for assessment – currently able to access through the Mount Vernon facility

- Hospital care results in reimbursement issues – Medicaid does not pay for 2 services at one time – most providers send staff to the hospital to support the individual and to advocate / educate the health care professionals without reimbursement – unless in ICU because no need due to ICU
- If more acute issues, the individual may need short term rehab. Providers send staff to rehab to educate rehab center staff; again this service is not reimbursed to the waiver provider
- As folks age, medical case management is needed to assure all parts are in the plan and carried out by staff.

Jan Gurtner, Alexandria CSB, outlined issues relevant to CSBs:

- Community health is vital to ID. People do better in the community and do better when integrated into the activities in the community.
- Alexandria has 45 residents in 5 residential group homes and 12 1 bed room apartments, ranging in age from 24 to 83.
- She works 20 hours per week and has put into place medical screening protocols for age specific events and to implement an immunization program. She is able to identify early problems and solve before crisis, including early detection of cancers, osteoporosis, blood disorders and others. Partnered with community members, specifically pharmacy, to work through some of the Fall vaccinations, shingles, flu and pneumococcal.
- Problem with Medicaid only for dental services. Dental will be hard to find once NVTC is closed
- Example 1 – eye infection and cellulitis – get to dermatologist - solved skin infection
- Example 2 – vision issues – services to look at environment and how to guide visually impaired individual solve problems
- Example 3 – pain assessment with collaboration of PCP , CSB staff and day placement staff resulted in discovery of arthritis condition. Person was put on pain meds and is moving better

Jenn Kurtz, Community Resource Consultant, outlined issues relevant to the Regional Community Support Center (RCSC):

- Successful and in high demand.
- Challenge to find providers in the communities that can work with the people we are serving.
- Jenn Kurtz , other CRCs, and Heidi Dix are studying the numbers and waitlists to look at Regional differences in the RCSC operations and possible future plans to move RCSCs to the community as the training centers close.

Questions, Answers, Comments

Question: What are you working toward for ICF (Intermediate Care Facility) or SNF (Skilled Nursing Facility) in Prince William?

Answer: Susan Rudolf is a nurse and oversees the medical program for the ARC of PW. She has 3 RN's and 3 LPN's on staff.

Question: Will anyone expand beds in ICF?

Answer: Community Residences is converting one 12 bed program to 24 hour nursing service. Contact Lorna Ballard. Parliament ICF will open with 6 beds in October. Please come and visit and learn about

the program. Minerva Fisher will be 24 hour program of nursing support through ICF program. Skilled care will be available, to include Gtube, colonostomy care or tracheotomy care.

Comment: Seizures don't require skilled care.

Question: How far along is Arlington in opening new ICF's?

Answer: No open beds are immediately available but 2 providers are interested; one has submitted letter of intent, and the other is proceeding independently; one other provider is considering options

Follow-up Question: Will Arlington require 24 hour skilled nursing?

Answer: Because of licensing and certification, the county does not have prerogative to require skilled nursing. The providers will most likely schedule staffing around the needs of the referrals they accept them.

Question: We need to emphasize the need for dental and psychiatric care.

Answer: Yes accessing dental resources is definitely a problem - If employed some people get coverage from their employer. Medicaid does not cover dental care. Some individuals are seen through Mission of Mercy.

Question: Is it not in the DOJ agreement that the services have to be there for people? How can the training centers close if no plan for these services has been made and the availability of RCSC is undecided?

Answer: PW CSB has identified the providers but needs funds or access to group dental plan for people.

Follow-up Question: Can the counties come up with some plan?

Answer: A plan to add dental to the waiver was given to the General Assembly but it did not happen.

Answer: PW CSB has used one time funds to address costs of dental.

Question: For all of the nursing that will be needed, where will the funding come from?

Answer: Some nursing tasks can be delegated.

Answer: A nursing provide can get an ISAR for an individual for a specific service or support. Some nurses delegate and get ISARS for services that can be approved.

Follow-up Question: What is an ISAR ?

Answer: It explains and describes how to use the ISAR for individual support needs across a system with 4 nurses

Answer: ISAR – Individualized Service Authorization Request

Answer: Waiver is funded based on the individual need – Some providers may hire a nurse and bill as a provider, and others will contract with agency for individual services

Answer: ICF is funded differently. ICF negotiates their rate. At the year-end reconciliation, dental reimbursement could be included. Some states have added dental to SPO (State Plan Option) Medicaid services. Virginia has coverage - just for kids and elderly.

Comment: Any reduction to the RCSC will impact many currently in the community who were discharged before DOJ and will pose great difficulty with new discharges if the dental services are not an available resource

Answer: PW CSB uses the dental schools for general cleaning and routine care

Comment: If RCSC closes then the 150 people in the training center who currently rely on those services will also be affected by the reduction.

Review of Questions submitted

Question: What is the plan if a resident gets sick and requires a trip to the hospital?

Answer: Alexandria CSB has a protocol – call emergency person on call and go to Alexandria emergency room –Hospital takes Medicare and Medicaid. Prefer to not use the emergency room

Answer: The Arc of Greater PW has a nurse on-call all night; she instructs staff to take person to the hospital; the manager of the house is required to show up and the nurse goes as needed. Health record is accessible to the hospital

Follow-up Question: Is there a particular hospital you prefer for specialties?

Answer: Tend to use Potomac Hospital more often but also use Prince William Hospital. The PCP's know the nurses

Question: What is the plan for “routine” check-ups? What is the plan for preventative approaches?

Answer: Licensing requires annual checkup but also based on individual history we see others more frequently, i.e., due to history of neurological issues, see neurologist every 3 to 6 months; monitor lab work. If psychiatric medication, then the psychiatrist sees quarterly.

Answer: CSB support coordinators review medical needs, get family history and bring to the physician's attention. Do ahead to toe review to see if the typical tests for people of that age have been done and take to the team for review.

Follow-up Question: How are physicians chosen?

Answer: If family has a preference we go with it; if not we have a referral lists. Sometimes upon discharge from a specialty setting, then the person is referred to a particular doctor

Follow-up Question: Is there a problem getting a psychologist?

Answer: Alexandria uses the CSBs for psychiatry and psychology

Answer: The Arc of Greater PW uses a mix of CSB and community based psychiatry

Follow-up Question: How about PT?

Answer: It depends on the diagnosis; often outpatient based on individual need may get a risk assessment in the home – payment for maintenance service can be a problem

Answer: Medicaid pays if assessment identifies a need for treatment.

Answer: The waiver covers the therapeutic consultation with training of Direct care staff

Question: Describes Charlie's shop, including wheel chair adaptations and adjustment and the eating utensils. Is it included in RCSC?

Answer: The Charlie shop is available only while people are in NVTC. People leave with enough equipment. Dave's program at Woodrow Wilson also provides some of these services.

Answer: The Arc of Greater PW accesses the Mount Vernon program; specialists look at the equipment at least once per year. The Arc will access wheel chair vendor as needed.

Clarification: So the wheel chair shop at NVTC will just stop?

Answer: This topic will be part of the statewide committee discussion regarding RCSC.

Question: What is the plan to use new technology/medical advances?

Answer: The training center is using technology for individuals to talk to family.

Answer: Anyone using technology at NVTC would have it in their ISP as a recommendation.

Answer: Alexandria CSB has people using IPADS and Skype for communication and learning

Answer: For a recent discharge from the training center, we had to make sure that the computer was available

Answer: The most requested assistive technology in the waiver is the IPAD

Question: We need additional staff and lower staff to individual ratios to meet the increased intensity in day support. Who will pay for this support?

Answer: This question has no immediate answer and needs further research.

Question: We need accessible spaces. Where will the money come to build and modify space?

Answer: The Arc of Greater PW put in for grant and will be opening a space in December. This expansion at the Muriel Humphrey Building will be open to all ages. One needs to look at CDBG (Community Development Block Grant) money to see about purchasing and retrofitting the building.

Answer: MFP (Money Follows the Person) doesn't permit funding to be used to modify congregate residential settings; MFP money can be used to modify a family home or their own home. Changes in this MFP mandate could open up more options for modifications for congregate residential settings.

Question: A community ICF is obviously not going to have the number of professional staff that a state ICF has. Therefore, how does a client receive ongoing medical care that he or she needs? How are doctors, dentists, psychologists, therapists, and other medical specialists chosen and are the clients transported to their offices for regular evaluations?

Comment: See responses above.

Answer: Individuals are transported to medical offices. Doctors for house calls are needle in a haystack

Answer: Alexandria has a podiatrist and neurologist who will do house calls; however, we want people to go out to community to access supports. CR has a medical director who does monthly reviews of the individual medical support needs.

Comment: It is a huge concern that we don't have the slots for the people of the training center to access now. A discussion before we have places for them to go seems premature.

Adjournment

Cindy thanks the participants, and the meeting was adjourned at 2:30 pm.